

The Student Loan People P.O. Box 24328 Louisville, KY 40224-0328 (888) 250-6401 www.studentloanpeople.com

THIS FORM WILL BE USED TO DETERMINE RESIDENCY ELIGIBILITY I	
YOUR ACCESS GROUP STUDENT LOANS. PLEASE PROVIDE YO)UR
ACCOUNT NUMBER TO ASSIST US IN PROCESSING YO)UR
REQUEST.	
PLEASE HAVE YOUR RESIDENCY PROGRAM ADMINISTRATOR COMPLI	ETE
THIS FORM AND RETURN IT TO US VIA MAIL OR FAX TO	ГНЕ
ADDRESS/FACSIMILE NUMBER LISTED BELOW:	
ACCESS GROUP LOAN SERVICING CENTER	
P.O. BOX 24328	
LOUISVILLE KY 40224-0328	
FAX: 502-329-7077	
RESIDENT NAME:	
PECIDENCY INSTITUTION:	
RESIDENCY INSTITUTION:	
RESIDENCY BEGIN DATE:PROJECTED RESIDENCY COMPLETION DATE:	
CUDDENT VEAD DECIM & END DATE.	
CURRENT YEAR BEGIN & END DATE:	
PROGRAM ADMINISTRATOR NAME (PRINT):	
PROGRAM ADMINISTRATOR PHONE NUMBER:	
PROGRAM ADMINISTRATOR SIGNATURE:	
PLEASE BE AWARE THAT RESIDENCY VERIFICATION MUST BE COMPLET	LED
ON A YEARLY BASIS TO PREVENT YOUR ACCESS GROUP STUDENT LOA	
FROM ENTERING REPAYMENT.	7110
FRUIT ENTERING REFATIMENT.	

IF YOU HAVE ANY QUESTIONS REGARDING THIS LETTER OR YOUR ACCESS GROUP STUDENT LOANS, PLEASE FEEL FREE TO CONTACT US AT OUR

TOLL-FREE NUMBER.